

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.		FILING DATE			
								APPLICANT(S)					
								CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
1	1							51					
2		1						52					4
3		1						53					
4		1						54					
5		1						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10		1						60					
11		1						61					
12	1							62					
13		1						63					
14		1						64					
15		1						65					
16		1						66					
17		1						67					
18		1						68					
19		1						69					
20		1						70					
21								71					
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40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3							TOTAL IND.					
TOTAL DEP.	17							TOTAL DEP.					
TOTAL CLAIMS	20							TOTAL CLAIMS					